

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045807

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 8 1963

3002

305

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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OR

TYPEWRITER RIBBON  
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|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>A udrain</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>603 E. Promenade St.</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>A udrain</u><br>c. CITY OR TOWN <u>Mexico</u><br>d. STREET ADDRESS (If outside, give location) <u>603 E. Promenade St.</u> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mildred</u> Middle <u>Rothwell</u> Last <u>Glandon</u>  |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>30</u> Year <u>1962</u>  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><u>3/13/98</u>                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Librarian</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Public Library</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Mexico, Missouri</u>    |
| 13a. FATHER'S NAME<br><u>Joseph A. Glandon</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary A. Gibbs</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)<br><u>No</u>  |   | 17. INFORMANT<br><u>Mrs. Alden F. Hays Mexico, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Asphyxiation</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Grand mal seizure</u><br>DUE TO (c) <u>Epilepsy</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u><br><u>30 years</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <u>3</u> a.m. p.m.<br>Month, Day, Year <u>12-30-62</u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br><u>Mexico, Missouri</u>                  |
| 21. I attended the deceased from <u>12-30-62</u> to <u>12-30-62</u> and last saw her/him alive on <u>11-30-62</u><br>Death occurred at <u>3 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE (Degree or title)<br><u>Ernest J. Yant MD</u>  |  |
| 22b. ADDRESS<br><u>Mexico, Mo</u>   |   | 22c. DATE SIGNED<br><u>1-4-63</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>12/31/62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Elmwood Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Mexico, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Arnold Funeral Home Mexico, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Jan-4-1963</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Blanche Neely</u>                        |

JAN 10 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.